

Let's Get Moving!

**INFORMATIONAL PACKET FOR STATE EMPLOYEES AND
INSTRUCTORS OF FITNESS CLASSES ON STATE PROPERTY**



Packet Contents

- 1. How to Start a New Fitness Class at your worksite**
- 2. Sample flier to advertise class**
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**Congratulations on taking the next step to
improving your fitness and
helping your coworkers improve their fitness.**

**Don't forget, if your schedule is too packed to attend a class,
consider using one of your 15-minute work breaks to get away
from your work area and walk, stretch,
or go outside for some fresh air.**

Wellness@dhrm.virginia.gov

HOW TO START AN ONSITE FITNESS CLASSES FOR STATE EMPLOYEES

DHRM and DGS have partnered to make available space in state office buildings for fitness classes to be held before or after work or during lunch breaks. Follow these steps to set up a class.

Step	New Classes
1	<i>An employee organizer (someone ready to be the contact point on set up of classes) reviews the directory of instructors in their work area and selects an instructor.</i>
2	<i>The employee organizer determines an appropriate location in the Department of General Service (DGS) managed work location and handles any room scheduling requirements. (DGS has agreed to waive site usage fees for fitness classes. If you work in a building not managed by DGS, contact your facilities manager.) Room considerations include an open area free of furniture or equipment to allow room for the class participants, a door to the room, and electrical outlets for music if required. In some downtown Richmond office building, only one room will be designated for fitness classes. Some facilities only allow after work classes due to business needs and noise control.</i>
3	<i>The employee organizer contacts an instructors in the Instructor Directory (At www.CommonHealth.Virginia.gov) to verify that he/she is interested in teaching a class. They discuss:</i> <ol style="list-style-type: none"> <i>Class days and times</i> <i>Classroom location</i> <i>Minimum and Maximum number of participants he/she can manage in space provided</i> <i>Fees and payment logistics (participants will pay instructor directly).</i>
4	<i>The employee organizer assesses interest among their coworkers. This can be done by:</i> <ul style="list-style-type: none"> <i>Holding an organizational meeting (notify the instructor in case they would like to attend)</i> <i>Survey</i> <i>Email</i> <p><i>Example: CommonHealth is putting together a yoga class which will take place on Monday and Wednesday from 11:30 – 12:15pm in Room AB and the fee will be \$3 per class. Are you interested?</i></p> <p style="text-align: center;"><i>Or</i></p> <p><i>Would you be interested in an onsite exercise class?</i> <i>What type? ___ Yoga/strength training/cardio</i> <i>Time? ___ 11:30 -12:15 ___ 12:00 - 1:00 ___ 4:30 – 5:15pm</i></p>
5	<i>The employee organizer contacts the instructor to start classes. Finalize details such as building access, room location and fee collection. Waivers can be sent to participants before class begins and will be collected by instructor at the first class.</i>
6	<i>Class begins:</i> <ol style="list-style-type: none"> <i>Instructor secures a signed release of liability forms from each participant and for themselves prior to participation. The instructor maintains the file of all signed liability waivers.</i> <i>Fee transfer occurs between participant and instructor.</i> <i>Any equipment (mats, etc) is provided by the individual participant.</i> <i>Instructor sends an email to Wellness@dhrm.virginia.gov indicating a class has been formed and if there is room for additional employees.</i>
7	<i>If a single session of a class is cancelled by the instructor, the instructor is responsible for notifying the participants either by phone or email. If fees are paid in advance, the participant should either receive a refund or apply it to a future class.</i>
8	<i>If the entire class series is cancelled by the instructor, the instructor is responsible for notifying the participants either by phone or email and sending an email to Wellness@dhrm.virginia.gov with the reason for the cancellation of the series of classes. If payments have been made to the instructor in advance for classes not held, the instructor is required to provide a refund to each participant.</i>



A FITNESS CLASS IS FORMING IN A SPACE NEAR YOU!



Location:

Day and Time:

Type of Class:

What to Bring:

Fees:

For More Information, contact (Employee contact information) or (instructor name & contact information).

LET'S GET MOVING!

There is no facility use fee for classes held in state office buildings. Fees are negotiated between the instructor and class participants. Open to all state employees.



RELEASE OF LIABILITY WAIVER

PARTICIPANTS AND INSTRUCTORS IN EXERCISE PROGRAMS HELD ON PROPERTIES OWNED OR LEASED BY THE DEPARTMENT OF GENERAL SERVICES FOR THE COMMONWEALTH OF VIRGINIA

In exchange for participation in an exercise program sponsored by CommonHealth Wellness Programs, and the Department of General Services, and fitness instructors, and/or use of properties owned or leased by the Department of General Services, I agree for myself to the following:

1. I agree to observe and obey all posted and distributed instructions or directions given by the instructor named below.
2. I recognize that there are certain inherent risks associated with the activity described here and I accept full responsibility for personal injury to myself and further release and discharge CommonHealth, the Department of Human Resource Management, The Department of General Services, and the instructor listed below for injury, loss, or damage arising out of my presence and participation upon state facilities of the Commonwealth of Virginia, CommonHealth, or any other third parties.
3. I agree to indemnify and defend CommonHealth and third parties against all claims of action, damages, judgments, costs, or expenses including attorney fees and other litigation costs, which may in any way arise from my participation in and use of fitness classes at state facilities.
4. I agree to pay for all damages to the facility caused by my negligence or reckless or willful activities.
5. I agree to consult with my personal physician about my ability to participate in this course prior to the first session.
6. Any legal or equitable claim that may arise from participation in the above shall be resolved under Virginia law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____ Location of Class Sessions: _____

Signature of Participant: _____

Address: _____

Personal Physician's Name and Phone Number: _____

In case of an emergency, please call
_____ (name) _____ (relationship) at _____ (phone).

INSTRUCTOR:

I will maintain a file of these forms for my class participants and have them available at all class sessions.

Instructor Signature: _____



COMMONHEALTH FITNESS INSTRUCTOR APPLICATION

FOR CONDUCTING GROUP SESSIONS ON COMMONWEALTH OF VIRGINIA PROPERTIES

Please complete this form and send to DHRM CommonHealth by email or fax:

- Email Wellness@dhrm.virginia.gov
- FAX to 804-786-3401

WHO is the instructor?			
Instructor Name	Click here to enter text.		
Instructor Address	Click here to enter text.		
Instructor Phone Number	Click here to enter text.		
Instructor Email Address	Click here to enter text.		
Name of CPR/AED for Adults Certifying Organization	Click here to enter text.		
CPR/AED for Adults Certification Expiration Date	Click here to enter text.		
WHAT classes do you want to teach? (check all that apply)			
CLASS	MINIMUM CLASS SIZE	NAME OF CERTIFYING ORGANIZATION	CERTIFICATION EXPIRATION DATE
<input type="checkbox"/> Strength training	Click here to enter text.	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Cardio/Aerobics (Low Impact)	Click here to enter text.	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Cardio/Aerobics (Advanced)	Click here to enter text.	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Yoga/Pilates	Click here to enter text.	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Zumba	Click here to enter text.	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Power Walking	Click here to enter text.	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Basic Group Exercise	Click here to enter text.	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Other <i>(describe)</i>	Click here to enter text.	Click here to enter text.	Click here to enter text.
WHEN would you be available to teach the classes? <i>Most classes will be held after work or during the lunch break.</i>			
WHERE would you be willing to teach a class.			
Cities/Counties	Click here to enter text.		

Email completed applications to Wellness@dhrm.virginia.gov

- ☐ I currently teach a class for state employees on state property and have not completed this form.
- ☐ I would like to teach a class for state employees on state property.